

# 64<sup>th</sup> FIP Congress New Orleans, USA



## **The Patient and the Pharmacist – The Heart of the New Healthcare Team**

This was the theme for the 64th Congress of FIP, held in New Orleans, USA, from 4 to 9 September, 2004. Two thousand pharmacists and pharmaceutical scientists from 95 countries attended. Because the FIP Pharmaceutical Sciences World Congress, with an attendance of 2,200, had been held so recently (29 May to 3 June in Kyoto, Japan), the programme for the New Orleans Congress was more than normally focused on pharmacy practice.

Within the overall practice theme of the Congress, there were five symposia, covering various aspects, - new medicinal therapies, the patient and pharmacist working in different healthcare systems, the effect of new technologies, the increasingly knowledgeable patient and the changing role in medication management. There were also symposia organised by the various Sections of FIP on topics as varied as pharmacy education, the evaluation of healthcare services, direct to consumer advertising of prescription-only medicines, the management of medicinal therapy for the oncology patient and the increasingly serious problem of counterfeit medicines.

There was an important Special Symposium on Responding to the HIV/AIDS Crisis in Resource Limited Settings and an open meeting of the Global Network of Pharmacists Against Tobacco. The FIP Young Pharmacists Group held a forum on How to Become a Seven star Leader and, jointly with FIP, the International Pharmaceutical Students Federation organised a symposium on Innovation and Technology in Pharmacy Practice.

In all there were more than 45 symposia, 150 presentations and 252 posters.

## **HIV/AIDS**

At the World Health Professions Alliance leadership symposium, held in May of this year, national association members of FIP and their counterparts in medicine and nursing, supported a resolution on the role of health professionals in tackling HIV/AIDS. At the Congress, President Jean Parrot announced the launch of the [International HIV/AIDS Network for Pharmacists](#), which is presented on-line. This will be a valuable resource for pharmacists throughout the world who are working in the field of HIV/AIDS and will help all pharmacists to become leaders in the battle against the pandemic, combating the discrimination which is all too often seen in relation to those living with the condition.

The on-line, French/English bilingual network highlights the FIP's initiative in providing pharmacy organisations and individual pharmacists with evidence based research on pharmacy-related prevention and treatment of HIV/AIDS. The network will also disseminate the training modules being prepared jointly by the FIP and WHO and seek input from pharmacists on the modules. The site is available at [www.fip.org/hivaids](http://www.fip.org/hivaids) and three main areas will be addressed – Training, Documentation and exchange of experience. The site includes areas covering continuing education, policy documents, useful publications, links to relevant national and international organisations, an events calendar to which additional events can be added and a mailing list to permit pharmacists to exchange points of view and experiences.

This is the latest element in the strategy that has been promoted by the FIP for more than ten years

### **Counterfeit Medicines**

To link with the symposium on this topic, which was organised jointly with the Pharmaceutical Forum of the Americas, a press briefing was held.

“Talk to your pharmacist – counterfeit medicines can damage your health”, is the message that a working group of the FIP is seeking to get across. Global trade and the Internet both help to create an environment that favours an increase in counterfeiting activities.

In developing countries, the most frequently medicines found to be counterfeits are those used to treat life threatening conditions such as malaria, tuberculosis and HIV/AIDS. A recent WHO survey of the quality of anti-malarial preparations in 7 countries in Africa, revealed that up to 38% of chloroquine tablets and up to 90% of sulphadoxine / pyrimethamine tablets were below standard. And in Asia, the situation seems to be out of control in Bangladesh, which exports medicines to about 52 countries throughout the world. In its most recent annual sampling of 5,000 medicines, the Public Health and Drug Testing Laboratory found 300 that were either counterfeits or of very poor quality. Many of these were in the “lifesaving” category. The head of the health ministry's Drug Administration Authority is quoted as saying “There are so many illegal operators that we cannot cope. Our 25 branches are staffed with just 40 drug superintendents and inspectors. We act when we get specific complaints. But this set up is hopelessly inadequate.” There are said to be as many as 80,000 unlicensed drug stores in Bangladesh. Smuggled medicines present a particular problem as this area is not monitored at all.

In wealthier countries, expensive lifestyle medicines appear to be the most likely to be counterfeit. According to a statement at the media briefing, a person who orders *Viagra* via the internet has a one in two chance of receiving a counterfeit. In the UK in recent weeks, counterfeit *Cialis* and *Reductil* have been found – and they appear to have come through the legitimate supply chain. In the USA, a recent FDA News bulletin stated that the Agency was “overwhelmed” by the volume of illegal prescription medicines sent through the mail. According to an investigator for the House of Representatives Energy and Commerce Committee, as many as 10,000 packages of illegal medicines pass through the country's mail distribution facilities every day and the FDA does not have the resources to counter this activity.

There is a need for the public to be better informed about the dangers of buying medicines through the Internet and for pharmacists to report all suspect counterfeits to the regulatory authorities and to FIP. The FIP has sent a text of a reporting form intended to be used by pharmacists for this purpose, to national pharmacy organisations. In addition, an international website illustrating counterfeits alongside

the genuine products is under consideration. The [WHO website](#) currently provides helpful advice and answers to frequently asked questions.

### **Tobacco Control**

A meeting of the [Global Network of Pharmacists Against Tobacco](#) was held on 7 September and was attended by more than 70 pharmacists from 20 countries. The meeting discussed the national and local initiatives of pharmacists in offering smoking cessation services. The meeting clearly demonstrated that are committed to working alongside other health professionals and the WHO towards the implementation of the Framework Convention on Tobacco Control.

A media briefing on “[Tobacco Free Pharmacies](#)” was held on 8 September. Subsequent to that, a [press release](#) was issued recommending that pharmaceutical organisations world wide should pursue policies towards achieving the situation that tobacco products are not sold in pharmacies and that pharmacy regulatory bodies should not license pharmacies located in premises in which such products are sold. The FIP also recommended that smoking should not be permitted in pharmacies.

President Jean Parrot said “FIP and pharmacists world-wide are committed to taking relative action to eliminate tobacco use in the communities they serve. Pharmacists are healthcare providers involved in treating and preventing illness and promoting good health and are therefore central to achieving tobacco cessation goals. Individual pharmacists should provide an example and leadership by being free of tobacco themselves.”

Most adults spend at least one third of their time at work. Use of tobacco is a major threat to health in the workplace. Pharmacists should ensure that staff and customers alike enjoy a tobacco smoke free environment.

### **Quality Assurance of Pharmacy Education**

The International forum for Quality Assurance of Pharmacy Education was established in 2001. The forum has about 160 members from nearly 50 country, regional and international pharmacy organisations. Pharmacy practice, education and quality systems for education differ from country to country. In many countries, quality assurance systems for pharmacy education are well established. In others, they are still being developed. The forum facilitates the exchange of information and the collaboration of organisations involved in quality assurance of education.

Within the Forum, it is generally accepted that each country should have its own national system for quality assurance of education of pharmacists, reflecting contemporary pharmacy practice, within the healthcare system in the country concerned. At the same time it is considered that the principles and core elements for quality assurance are unlikely to differ very much, if at all, from country to country. Therefore, the Forum is of the opinion that countries seeking to establish or to improve their quality assurance system would benefit from an internationally developed framework to be used world-wide. The Forum has initiated a project designed to develop such a framework. An up-date on the project was given at a session at the Congress. More information can be obtained form the Convenor of the Forum, Mike Rouse, at [mrouse@acpe-accredit.org](mailto:mrouse@acpe-accredit.org)

## **Leadership Conference**

This Conference is held nowadays, during FIP Congresses, for Presidents, CEOs and Council Delegates of FIP's Member Organisations. This year's Conference focused on issues pertaining to medicines safety and use of medicines. Next year, Member Organisations will be asked to identify, for the Conference, best practices in their countries for tackling the problems identified.

A very stimulating presentation entitled "Patient Perspectives and the Values of Medicines", was given by Professor Bodil Jonsson of Lund University, a member of the [International Forum on Medicines \(IFoM\)](#).

The Forum has published three reports, the last of which was distributed during the Conference. The meetings of the IFoM during which this paper was discussed, were organised and supported by the FIP. The aim of the reports is to balance the unilateral focus on the cost of medicines with a focus on their values and to compare these values with to the corresponding value of other medical treatments. The third report is entitled "Patient experiences and the value of medicines". Professor Jonsson stressed that patients' values may deviate considerably from the results of randomised controlled trials and that the experiences of patients are never fully compatible with measured data or professional observations. She made the point that Patient Provided Information is complex but relevant and includes the effects of long term and multimедication, eating habits, forgetfulness, overdoses and receptor variations. Thus PPI in the future may come to mean Patient Provided Information rather than Patient Package Insert.

Denis O'Leary, the President of the Joint Commission on Accreditation of Healthcare Organisations in the USA spoke on "The global alliance on patient safety", Paul Bundgaard, the President of the Danish Pharmaceutical Association spoke on the recently implemented law in that country on patient safety and Jeffrey Ferguson, the Medical Advisor on Global Product Safety for Eli Lilly and Company, spoke on patient safety in relation to medicines from an industry perspective. Important features of the new law in Denmark are that there are no references, in reports relating to safety incidents, to identifiable persons, submission of a reports does not require the consent of a patient and no disciplinary action, managerial action or criminal sanction results from the submission of a report. To date the system does not include the primary care sector. Since reporting started in January 2004, 1,700 reports have been made.

The IFoM has made a series of recommendations to the FIP on developing policy and actions to improve patient safety. These will be considered by the Bureau.

## **Awards**

The Andre Bedat Award (the premier FIP award for an outstanding contribution to international pharmacy) was awarded to John Bell, an Australian pharmacist, whose main contribution has been to the Commonwealth Pharmaceutical Association. This Association represents 43 national pharmacy organisations in the Commonwealth of Nations. John is the immediate Past President of the Association and is currently its Honorary Secretary.

The Pharmaceutical Scientist Award for 2004, for an outstanding contribution to the pharmaceutical sciences was presented to Professor Toshio Honda (Japan). Professor Honda is internationally acclaimed

in the fields of organic and medicinal chemistry, having published no fewer than 325 original research papers and having obtained 32 patents.

The award 2004 FIP Award for Lifetime Achievement in the Pharmaceutical Sciences went to Professor Stig L. Agurell (Sweden). This honour is given to individuals who have, over many years, contributed to the development of the pharmaceutical sciences.

The winner of the third Young Pharmacist/Pharmaceutical Scientist Award was Pedro Barata from Portugal, for his work in designing and implementing an E-learning platform specifically tailored for young pharmacists, after he had identified their needs.

### **Council Meetings**

The Council of FIP met three times – twice before the start of the Congress and once on the final day. Four new members were admitted.

At its final session, the Council adopted four important statements. These were:

- [\*A Statement of Professional Standards on a Code of Ethics for Pharmacists\*](#) (to replace that adopted by the Council in 1997)
- [\*A Statement of Policy on Confidentiality of Information Gained in the Course of Pharmacy Practice\*](#)
- [\*A Statement of Policy on Point of Care Testing in Pharmacies\*](#). This is designed to support Member Organisations wishing to promote the provision of this professional service in pharmacies.
- [\*A Statement of Professional Standards on The Supply of Medicines Affecting Driving Performance\*](#).

At a media briefing on the fourth statement, linked to the WHO's 2004 initiative on road safety, it was pointed out that each year about 1.2 million people die as a result of crashes on roads and that, by 2020, this will become the third most important health problem – up from ninth in 1998. Although alcohol is still the major causal factor in 20 to 40 per cent of road accidents, some studies indicate that in developed countries, 10 to 15 per cent can be attributed to drug and medicine consumption. Pharmacists can make a major contribution to reducing these incidents which result in so much human tragedies.

We hope this overview of the 2004 Congress has stimulated you, if you did not participate in the Congress in New Orleans, to start planning now to attend the Congress in Cairo, Egypt, next September. More information about next year's Congress is available on the [FIP Congress Website](#).

### **Council Statements**

#### **New Statements Adopted by the FIP Council in New Orleans**

One of FIP's major tasks is to set world standards for pharmacy and pharmaceutical sciences. This year, FIP Council adopted the statements that are listed below (together with descriptions of each document). All FIP Statements, Guidelines and Position Papers are available [here](#)

**FIP Statement of Professional standards:**

**[Code of Ethics for Pharmacists](#)**

This statement of professional standards relating to codes of ethics for pharmacists is intended to reaffirm and state publicly, the obligations that form the basis of the roles and responsibilities of pharmacists. The Statement replaces that adopted by the Council of FIP in 1997.

**FIP Statement of Policy:**

**[Confidentiality of Information Gained in the Course of Pharmacy Practice](#)**

The issues relating to confidentiality of information about people, gained by pharmacists in the course of their professional practice has always been important. However, more attention is now being focused on the question as pharmacists seek to provide an enhanced quality of pharmaceutical care, for which they require more personal information about individuals. This Statement gives recommendations to pharmaceutical organisations and pharmacists on storage and protection of patient specific data and the circumstances in which those data may be shared with others.

**FIP Statement of Policy:**

**[Point of Care Testing in Pharmacies](#)**

A key area in which pharmacists can make a major contribution to healthcare is by helping people to avoid ill health, maintain good health and, where applicable, manage their use of medicines. One aspect in this context is the provision, in the absence of any symptoms of disease, of health screening services. These may also be provided as part of a service monitoring the outcomes of treatment, for example with cholesterol lowering medicines. This Statement is intended to support Member Organisations wishing to promote the provision of point of care testing services in pharmacies.

**FIP Statement of Professional standards:**

**[The Supply of Medicines Affecting Driving Performance](#)**

The danger of ability to drive being affected by taking medicines has attracted more attention in recent years. Patients who are not advised properly on these issues by physicians and pharmacists have an increased risk of being involved in accidents, but may be unaware of this fact. People have a right to receive adequate information to enable them to decide whether or not it is safe to drive or operate machinery.